CMS Manual System Pub. 100-04 Medicare Claims Processing Transmittal 553 Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS) Date: APRIL 29, 2005 CHANGE REQUEST 3844

SUBJECT: Expansion of State Codes for OSCAR Provider Numbers

SUMMARY OF CHANGES: In addition to their existing state codes, new state codes have been assigned to the following states: Florida (69), Kansas (70), Ohio (72), Pennsylvania (73), and Texas (74).

NEW/REVISED MATERIAL - EFFECTIVE DATE*: October 1, 2005 IMPLEMENTATION DATE: October 3, 2005

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual not updated.)
(R = REVISED, N = NEW, D = DELETED) – (Only One Per Row.)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE					
N∖A						

III. FUNDING: No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2005 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
	Manual Instruction
	Confidential Requirements
X	One-Time Notification
	Recurring Update Notification

^{*}Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-04 | Transmittal: 553 | Date: April 29, 2005 | Change Request 3844

SUBJECT: Expansion of State Codes for OSCAR Provider Numbers

I. GENERAL INFORMATION

A. Background: To prepare for the implementation of the National Provider Identifier (NPI), it is imperative that CMS continue to assign OSCAR provider numbers to new providers. The OSCAR provider number is used throughout various components of CMS and by the fiscal intermediaries. Maintaining this number is integral to CMS' business operations. CMS conducted an analysis of the OSCAR data and determined that some States are in jeopardy of exhausting their ranges of provider numbers. CMS must continue to assign provider numbers to new providers until the NPI is able to replace OSCAR numbers. Based on our analysis, CMS has concluded that the best way to maintain the OSCAR provider number with the least disruption to everyone concerned is to assign States that are nearing their limit of provider numbers an additional State code. These new State codes are in addition to the State codes that are already in existence for these States. Therefore, States that are approaching their limit of provider numbers will have their State codes expanded to two or three codes per State, as needed.

B. Policy: In addition to the State codes that already exist for these States, assign new State codes for: Florida, Kansas, Louisiana, Ohio, Pennsylvania, and Texas. The new State codes are as follows:

- 69 Florida
- 70 Kansas
- 71 Louisiana
- 72 Ohio
- 73 Pennsylvania
- 74 Texas

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement "Should" denotes an optional requirement

Requirement	Requirements	Re	espo	nsi	bilit	ty ("	X":	indi	cate	es the
Number		columns that apply)								
		F	R H	Ca	D M		red S intair		m	Other
		-	H I	r r i e r	E R C	F I S S	M	V M S	W F	
3844.1	The Medicare systems (e.g., Medicare claims processing systems, standard systems, financial systems, etc.) shall make the necessary changes to accept the following new State codes as part of the provider number. The State codes are listed below: • 69 - Florida • 70 - Kansas • 71 - Louisiana • 72 - Ohio • 73 - Pennsylvania • 74 - Texas	X	X			X			X	

III. PROVIDER EDUCATION

_	Requirements	Responsibility ("X" indicates the								
Number		columns that apply)								
		I	Н	Ca	D M	Shared System Other Maintainers				
			H I	r r i e r	E R C	F I S	M C S	V M S	C W F	
	None									

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions

B. Design Considerations: N/A

X-Ref Requirement #	Recommendation for Medicare System Requirements						

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

V. SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: October 1, 2005	No additional funding will be
Implementation Date: October 3, 2005	provided by CMS; Contractor activities are to be carried out within their FY 2005 operating
Pre-Implementation Contact(s): Cheryl Hatcher, 410-786-3106	budgets.
Post-Implementation Contact(s): Cheryl Hatcher, 410-786-3106	

^{*}Unless otherwise specified, the effective date is the date of service.